

Name \_\_\_\_\_ Age \_\_\_\_\_

### TOILETING

**My child is:**

- toilet trained       not toilet trained       in the process of being toilet trained

**My child wears:**

- diapers       pull-ups       underwear

**My child:**

- goes to the bathroom by him/herself  
 needs to have diaper changed needs to be reminded to use bathroom  
 needs assistance with \_\_\_\_\_

**My child:**

- will indicate need to use the bathroom  
 needs to be reminded to use bathroom

**Schedule:**

Please check/ remind my child about going to the bathroom every \_\_\_\_\_ hour(s).

**\*Please note: This form is for use of gathering additional information and does not replace any required licensing forms.**